

Governor Sam Brownback
Office of the Governor Internship Application



Name:	Social Security Number:
Current Address:	Date of Birth:
	Gender: <input type="radio"/> Male <input type="radio"/> Female
Permanent Address:	Rank the top 5 offices for which you would like to apply: <input type="checkbox"/> Cedar Crest (Governor's Mansion/Office of the First Lady) <input type="checkbox"/> Department of Aging <input type="checkbox"/> Department of Administration <input type="checkbox"/> Department of Agriculture <input type="checkbox"/> Department of Commerce <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Department of Health & Environment <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Labor <input type="checkbox"/> Department of Revenue <input type="checkbox"/> Department of Social & Rehabilitation Services <input type="checkbox"/> Department Transportation <input type="checkbox"/> Department of Wildlife, Parks & Tourism <input type="checkbox"/> Division of the Budget <input type="checkbox"/> Governor's Council of Economic Advisors <input type="checkbox"/> Governor's Office <input type="checkbox"/> Kansas Adjutant General/Emergency Management <input type="checkbox"/> Kansas African American Affairs Commission <input type="checkbox"/> Kansas Commission on Disability Concerns <input type="checkbox"/> Kansas Highway Patrol <input type="checkbox"/> Kansas Juvenile Justice Authority <input type="checkbox"/> Kansas Hispanic & Latino American Affairs Commission <input type="checkbox"/> Kansas Native American Affairs Office <input type="checkbox"/> Kansas Securities Commission <input type="checkbox"/> Lieutenant Governor's Office
E-mail:	
Primary Telephone Number:	
Secondary Telephone Number:	
College/University:	
Year in School: <input type="radio"/> Junior/Senior <input type="radio"/> Graduate Student <input type="radio"/> Law Student	Preference the areas for which you would like to apply: <input type="checkbox"/> Constituent Services <input type="checkbox"/> Communications <input type="checkbox"/> Legal <input type="checkbox"/> Policy <input type="checkbox"/> Special Projects <input type="checkbox"/> Information Technology
Desired Internship Session: <input type="radio"/> Spring Session (January - May) <input type="radio"/> Summer Session (May - August) <input type="radio"/> Fall Session (August - December)	

ACADEMIC INFORMATION

Do you seek academic credit for this internship:	Academic Major(s):
GPA:	Academic Minor(s):

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REFERENCES

Please list 2 individuals who will be writing your letters of recommendation

Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:

Please attach two sealed letters of recommendation and submit with application materials:

PARENT/GUARDIAN INFORMATION

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:

KANSAS GOVERNMENTAL RULES AND REGULATION CONSENT

If selected, I hereby agree to abide by the rules and regulations for Kansas Governmental Employees and the office of the Kansas Governor Sam Brownback.

Signature:	Date:
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Please complete and return to:

Attention: Intern Coordinator
Capitol, 300 SW 10th Ave., Ste. 264W
Topeka, KS 66612-1590

Questions about the application
E-mail: intern.coordinator@ks.gov

Application Checklist:

- ☐ Completed and Signed Internship Application
- ☐ Current Resume
- ☐ Statement of Interest
- ☐ Two Letters of Recommendation (Attached)
- ☐ Additional Writing Sample (Optional)